

SERIAL NUMBER 09/444,166	FILING DATE 11/22/99	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 13167
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APPLICANT

YOSHIMASA HOSONUMA, TOKYO, JAPAN.

CONTINUING DOMESTIC DATA***
VERIFIED

NW, J2

371 (NAT'L STAGE) DATA***
VERIFIED

NW, J2

FOREIGN APPLICATIONS***

VERIFIED JAPAN 10-347972 11/24/98

OK, PC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>Examiner's initials</u> <u>initials</u>					

ADDRESS


PAUL J ESATTO JR
SCULLY SCOTT MURPHY AND PRESSER
400 GARDEN CITY PLAZA
GARDEN CITY NY 11530

23389

TITLE

FLEXIBLE BOARD AND METHOD OF FABRICATING THE SAME

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Issue Classification 	Application No.	Applicant(s)	
	09/444,166	HOSONUMA	
	Examiner	Art Unit	
	Joy K Contee	2686	

ISSUE CLASSIFICATION													
ORIGINAL					CROSS REFERENCE(S)								
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								
455		550.1		333	247								
INTERNATIONAL CLASSIFICATION				361	722								
H	0	4	M	1/00	455	333							
				/									
				/									
				/									
				/									
<i>J. Contee</i> Joy Contee 12/12/04 (Assistant Examiner) (Date)					<i>Charles Appiah</i> CHARLES APPIAH PRIMARY EXAMINER 12/13/04 (Primary Examiner) (Date)								
<i>C. Syron</i> 12/13/04 (Legal Instruments Examiner) (Date)					Total Claims Allowed: 15 <table border="1"> <tr> <td>O.G. Print Claim(s)</td> <td>O.G. Print Fig.</td> </tr> <tr> <td>4</td> <td>2</td> </tr> </table>					O.G. Print Claim(s)	O.G. Print Fig.	4	2
O.G. Print Claim(s)	O.G. Print Fig.												
4	2												

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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3	3		33		63		93		123		153		183		
1	4		34		64		94		124		154		184		
4	5		35		65		95		125		155		185		
5	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
7	8		38		68		98		128		158		188		
8	9		39		69		99		129		159		189		
6	10		40		70		100		130		160		190		
9	11		41		71		101		131		161		191		
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12	14		44		74		104		134		164		194		
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11	16		46		76		106		136		166		196		
14	17		47		77		107		137		167		197		
15	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
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	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
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	27		57		87		117		147		177		207		
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	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		